

UNITED STATES CIVIL SERVICE COMMISSION

BUREAU OF RETIREMENT AND INSURANCE

WASHINGTON 25, D.C.

ADDRESS REPLY TO
"U.S. CIVIL SERVICE COMMISSION"
AND REFER TO
FILE RH:JZ:jf

AND DATE OF THIS LETTER

SEP 13 1961

[redacted]
Government Employees Health Assn., Inc.
P. O. Box 463
Washington 4, D. C.

STAT

Dear [redacted]

STAT

As you know, during the "open season" October 1 through October 16, 1961, all covered employees and annuitants will be given an opportunity, if they desire, to change their present enrollment. Among the formats for statistical reports on "Exposure" which were sent to you last year, we included "Table C. Summary of Transfers to this Health Benefit Plan or Option by Previous Plan or Option." The instructions which accompanied the table formats included the following (page 5):

"Table C

"Data from Form 2809. The first column on the left are the enrollment code numbers of the plans and options from which enrollee has transferred to your plan and are shown in Part D.1 of the Form. The 6 columns on the right are for your code numbers indicating the option and coverage to which the enrollee has transferred and appear on Part B.1 of the Form.

"It will be noted that the first column shows all the enrollment code numbers for the two Government-wide plans. For the other plans, the carriers are grouped together into 3 categories with the option and type of coverage shown separately for each group. Each carrier should add, as an additional category, his own code and option numbers in the first column to show the number of enrollees changing from one option to another and/or from one type of coverage to another within his own plan."

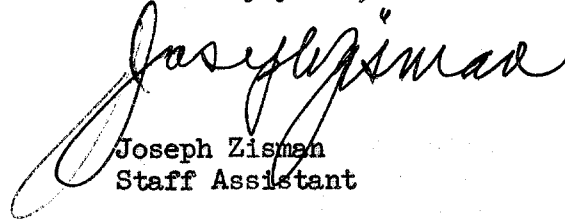
For your convenience, Table C (attached) has been revised to provide for transfers within your own plan.

Because of the great interest in the results of the "open season" on the part of all carriers as well as of the Commission, it will be greatly appreciated if you will submit this report, as of November 15, as soon as possible and not later than December 15, 1961.

- 2 -

If you have any questions regarding this report, please feel free to get in touch with me: Room 304 Pension Building, Telephone Dudley 6-3392.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Joseph Zisman". The signature is written in dark ink and is positioned above the printed name and title.

Joseph Zisman
Staff Assistant

ATTACHMENT

C. Summary of transfers to this Health Benefit Plan or Option by previous plan and option.

A. All Transfers

A. All Transfers							
Code of Plan and Option	Option of this Plan <u>to</u> which Enrollee has transferred						
	From which Enrollee has transferred (1)	(2)	(3)	Your Codes (4)	(5)	(6)	(7)
Total Transfers							
101							

101
102
103
104
105
106

201
202
203
204
205
206

Transfers within your (Reporting Carrier's) Plan No. _____

1 }
2 } Option
3 } and
4 } Coverage
5 }
6 }

B. Active Employee - Separate Table as above

C. Employee Annuitants - Separate Table as above

D. Survivor Annuitants - Separate Tables as above

Note: All carriers should exercise special care to report transfers within their own plan in the special space provided in the table.

Carriers 30 - 44 (Excluding Reporting Carrier's transfer within his own Plan.)

1 }
2 } Option
3 } and
4 } Coverage
5 }
6 }

Carriers 50 - 63 (Excluding Reporting Carrier's transfer within his own Plan.)

1 }
2 } Option
3 } and
4 } Coverage
5 }
6 }

Carriers 80 - 87 (Excluding Reporting Carrier's transfer within his own Plan.)

1 }
2 } Option
3 } and
4 } Coverage
5 }
6 }

Federal Employees Health Benefits Program

Name of Carrier _____ No. _____

Address _____

BRI-CSC
Revised September 1961